



FORM
GA-110L
State Form 615
(R/ 03-98)

Indiana Department of Revenue
Claim For Refund

BATCH & ITEM NUMBER

WARRANT NUMBER & DATE

TYPE OF BUSINESS: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____

Identification Numbers

Name of Taxpayer

Social Security Number

Address

Federal Identification Number

City

State

Zip

Taxpayer Identification Number

☒ **CHECK TAX TYPE**

☐ Charity Gaming

☐ Fiduciary

☐ Hazardous Chemical

☐ IFTA

☐ Motor Carrier

☐ MVR-Excise

☐ Sales & Use

☐ Prepaid Sales on Gasoline

☐ Cigarette

☐ Financial Institutions

☐ Individual

☐ Oil Inspection

☐ Special Fuel

☐ Corporation

☐ Food & Beverage

☐ Inheritance

☐ Other _____

☐ Underground Storage

☐ County Innkeepers

☐ Gasoline

☐ IRP

☐ Oversize/Overweight

☐ Withholding

Year or Period Ending	Requested Refund Amount	Date(s) of Tax Payment(s)
Total		

Explanation of claimed refund. Please attach supporting documentation and/or additional sheets (if necessary) .

I hereby certify that the foregoing account is just and correct; that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. I further understand that this refund may be applied to any liability which I currently have outstanding. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete. **If you are claiming a refund for a year in which a joint return was filed, each spouse must sign this refund claim.**

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Signature

Title

Date

Daytime Telephone Number

(Please Check) ☐ Individual ☐ Partner ☐ Corporate Officer ☐ Power of Attorney (Please Attach POA)

Mail completed form to:

Indiana Department of Revenue, Indiana Government Center North
100 N. Senate Avenue, Indianapolis, IN 46204-2253

▼ **THE SPACE BELOW IS FOR DEPARTMENT USE ONLY** ▼

County of tax payment:

District of tax payment:

Year	B & I Number of Return or Liability Number	Amount Paid	Amount Previously Refunded or Transferred	Amount Claimed as Refund	Interest Paid From:	Interest Paid To:	Interest	Total Refunded

TOTAL AMOUNT OF REFUND ►

Auditor/Examiner Originating Refund

Date

Supervisor/Administrator

Date

Commissioner/Appointee

Date

Account Number

Claim Number

User Identification Number

☐ **Special**

☐ Signature on File